

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
NINA SHAHIN, CPA	Civ. No. 07-643-GMS-LPS

DEFENDANT	TYPE OF PROCESS
DELAWARE OFFICE OF MANAGEMENT AND BUDGET	OC

SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
→	JENNIFER W. DAVIS, DIRECTOR OF OMB
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	HASLET ARMORY, 122 WILLIAM PENN ST., DOVER, DE 19901 (Policy & Ext. Aff

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
NINA SHAHIN, CPA 103 SHINNECOCK RD. DOVER, DE 19904	Number of parties to be served in this case	3
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold _____

PAUPER AND PRO SE CASE

DEPT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
U.S. DISTRICT COURT
APR 9 2008

Signature of Attorney or other Originator requesting service on behalf of: <i>Nina Shahin</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (302) 678-1805	DATE 4/11/2008
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk <i>BF</i>	Date <i>3-4-08</i>
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I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Laura Goff, AS-3 (Administrator)</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above) <i>SAME</i>	Date of Service <i>4/4/08</i>	Time <i>3:55 pm</i>
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Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or <i>REB</i>	Amount of Refund
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REMARKS:

100 miles round trip